

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

09 / 24 / 2012

Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED 2012 SEP 25 PM 3:32 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	STATEMENT OF ORGANIZATION CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

NO On Measure EE

STREET ADDRESS (NO P.O. BOX)

2210 Private Road

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 (949) 548-6229

MAILING ADDRESS (IF DIFFERENT)

Secondary: 1048 Irvine Ave, #273, NB 92660

OPTIONAL: FAX / E-MAIL ADDRESS

no.on.measure.ee@gmail.com

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

James M. Mosher

STREET ADDRESS (NO P.O. BOX)

2210 Private Road

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 (949) 548-6229

NAME OF ASSISTANT TREASURER, IF ANY

n/a

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Robert C. Hawkins

STREET ADDRESS (NO P.O. BOX)

14 Corporate Plaza, Suite 120

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 (949) 650-5550

3. Verification


I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept 24, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

No On Measure EE

I.D. NUMBER

pending

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure EE	NEWPORT BEACH	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

pending

COMMITTEE NAME

No on Measure EE

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

____/____/____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.